TRANSMITTAL OF UTILITY	Attorney	Docket No.	38349-0123	
APPLICATION UNDER 37 C.F.R. §1.53	First nar	ned inventor	M. Hendricksen	
	Express	mail label #	EV195169965US	
	Date of	mailing	July 25, 2003	
Application Elements	<u>. •</u>	Accompan	accompanying Application Papers	
1. [X] Fee Transmittal Form		6. [] Copy parent applica	of assignment documents from tions	
2. [X] Specification containing 55 pages (including Claims and Abstract).		7. [] Prelim	ninary Amendment	
a. Title: BRONCHIAL FLOW CONTROL DEVICES WITH MEMBRANE SEAL			Receipt Postcard	
b. Number of claims: 69		10. [] Nonpu U.S.C. 122(b)	ublication Request under 35 (2)(B)(I). Applicant must attach	
3. [X] 27 sheets of drawings		torm PTO/SB/	35 or its equivalent.	
4. [] Declaration				
5. [] Sequence Listing			•	
[] Paper copy (identical to computer copy)				
[] Computer readable copy			٨	
[] Verified statement				
		SIGNATURE	OF ATTORNEY/AGENT	
		HELLER EHRM	IAN WHITE & McAULIFFE LLP	
		Fred C. Hern Registration	andez Number: 41,832	
[X] Benefit of priority: Benefit of priority: Benefit of priority to U.S. Provisional Patent Application Serial No. 60/399,273 filed July 26, 2002 and U.S. Provisional Patent Application Serial No. 60/429,902. This application is a continuation-in-part of the following co-pending patent applications, U.S. Patent Application 09/797,910 filed March 2, 2001 and U.S. Patent Application 10/270,792 filed October 10, 2002. The subject matter of these patent applications are incorporated into this application in its entirety.				
CORRESPONDENCE ADDRESS				
NAME Stephanie L. Seidman				

NAME	Stephanie L. Seidman Registration No. 33,779 Heller Ehrman White & McAuliffe L	LP
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FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	38349-0123	
	First named inventor	M. Hendricksen	
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FEE CALCULATION FOR CLAIMS AS AMENDED

a)	Basic Fee	\$750/\$375	\$ <u>375.00</u>
b)	Independent Claims	$_{5}$ - 3 = $_{3}$ x \$84/\$42	\$ 126.00
c)	Total Claims	$\overline{69}$ - 20 = $\overline{49}$ x \$18/\$9	\$ 441.00
ď)	Fee for Multiple Depen	ndent Claims = \$280/\$140	\$ 0.00
•	• •	TOTAL FILING FEE	\$ 942.00

- [X] Applicant is a small entity.
- [X] A check is enclosed in the amount of \$942.00 to cover the fee for filing the application.
- [] Charge \$_____ to Deposit Account No. 50-1213.
- [X] The Commissioner is hereby authorized to charge any fees that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

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Submitted by	:				
Typed or printed name	Fred C. Hernandez			Reg. Number	41,832
Signature		Date	7125103	Deposit Account	50-1213